

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618). <h2 style="margin: 10px 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number: 10/595,049-Conf. #1834 Filing Date: January 18, 2006 First Named Inventor: David M. Hammerbeck Examiner Name: Blessing M. Fubara Art Unit: 1618 Attorney Docket No.: C1271.70077US00	
TOTAL AMOUNT OF PAYMENT (\$): 130.00			

**METHOD OF PAYMENT** (check all that apply)

☐ Check   
 ☒ Credit Card   
 ☐ Money Order   
 ☐ None   
 ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account   
 Deposit Account Number: 23/2825   
 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below   
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   
 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

<b>Total Claims</b> - or HP = _____ HP = highest number of total claims paid for, if greater than 20.	<b>Extra Claims</b> - or HP = _____ HP = highest number of independent claims paid for, if greater than 3.	<b>Fee (\$)</b> _____ <b>Fee Paid (\$)</b> _____
<b>Indep. Claims</b> - or HP = _____ HP = highest number of independent claims paid for, if greater than 3.	<b>Extra Claims</b> - or HP = _____ HP = highest number of independent claims paid for, if greater than 3.	<b>Fee (\$)</b> _____ <b>Fee Paid (\$)</b> _____

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____	/50 = _____	(round up to a whole number) x _____	= _____	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1251 Extension for response within first month 130.00

<b>SUBMITTED BY</b>			
Signature	/C. Hunter Baker/	Registration No. (Attorney/Agent)	46,533
Name (Print/Type)	C. Hunter Baker, M.D., Ph.D.	Telephone	617.646.8000
		Date	May 10, 2010

**Certificate of Electronic Filing Under 37 CFR 1.8**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.8(a)(4).

Dated: May 10, 2010

Electronic Signature for Trish McDonald: /Trish McDonald/